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Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the

District of Oregon

Portland Division

Christopher Charles Mueller

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

<sup>BD</sup>  
3  
6:22-CV-00785-MK

(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

-v-

Zach Ackley - Superintendent DRC  
Dr. Beamer - DRC physician  
Ms. Carter - DRC Health Services  
manager

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name  
Address

Christopher C. Mueller #22475590  
3920 E. Ashwood Rd. C/o ORCI prison  
Madras OR 97741  
City State Zip Code

County  
Telephone Number  
E-Mail Address

Jefferson  
Court and attorney(s) must contact  
ORCI to schedule calls w/ inmates  
and/or correspond to plaintiff via  
U.S. Mail.

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name  
Job or Title (if known)  
Address

Zach Ackley  
(Acting) Superintendent ORCI  
ORCI - 3920 E. Ashwood Rd.  
Madras OR 97741  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Jefferson

☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name  
Job or Title (if known)  
Address

Doctor Beamer  
ORCI physician  
ORCI - 3920 E. Ashwood Rd.  
Madras OR 97741  
City State Zip Code

County  
Telephone Number  
E-Mail Address (if known)

Jefferson

☐ Individual capacity ☒ Official capacity

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## Defendant No. 3

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Ms. Carter  
 DRCI - Health Services Mgr.  
 DRCI - 3920 E. Ashwood Rd  
 Madras OR 97741  
 City State Zip Code  
 Jefferson

☐ Individual capacity ☒ Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Deer Ridge Correctional Institution

- B. What date and approximate time did the events giving rise to your claim(s) occur?

First week of April 2021; 11 pm

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

• Despite safety concerns, physical limitations, and the impact of prescription medication, DRCI staff members refused to allow me to be assigned to a lower bunk. Despite several requests, I was forced to use a top bunk bunkbed.

• Medical care and treatment have been refused and/or significantly delayed despite urgent need and additional damage to injured knee occurring.

Zack Achley, Ms. Carter, and Dr. Beumer refused and delayed medical care & treatment, and denied requests for a lower bunk assignment.

• Fell from top bunk and sustained a torn meniscus on my right knee. Unnecessarily subjected to long term pain and suffering due to medical treatment/care neglect.



#### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

- Torn meniscus on right knee. Surgeon's order to move forward w/ surgery was ignored/denied for ten months.
- Severe pain/suffering was not treated or cared for.
- Second injury to same knee occurred prior to surgery and despite numerous requests & grievances treatment and care were denied.
- Long term and permanent damage to my knee are a result of the injury & lack of care.

#### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

- DRCI to take full responsibility for medical care, treatment and long term effects of injury in all aspects.
- Consideration for unnecessary, prolonged loss of use, full and pain & suffering and permanent damage/loss of use
- Any court or jury ordered reparations due to DRCI's neglect, negligence, and disregard for my safety, well being, and quality of life after injury occurred into the future.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5/24/22

Signature of Plaintiff

Printed Name of Plaintiff

Christopher Charles Mueller  
Christopher Charles Mueller

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address